FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

			l	Please read in	nstructions bef	ore completi	ng and for No	tice regarding	public burde	n.]							
SECTION 1 - General Information	n																
Name and Mailing Address of Respondent Interstate 35 Telephone Company d/b/a/ Interstate Communications PO Box 229 105 N. West St. Truro, IA 50257-0229														Check here if this is a change of address.			
2. Year Report Filed 3. Reporting Period (Ending Date of Pay 4. Number of Full-Time Employees during Selected																	
2017	overed by Rep $h\ 15$	oort)			a. 🔲 Fe	g Period (check ewer than 16 (c for more (com											
SECTION II - Full-Time Employee	es.						II.										
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories										panic or Latino Tota							
	La	tino			Ma	ale				Female					Columns A - N		
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N		
	Α	В	С	D	Е	F	G	Н	1	J	К	L	М	N	0		
Executive/Senior Level Officials and Managers	1		3												3		
First/Mid-Level Officials and Managers 1.2	2		3						1						4		
Professionals 2	2		2												2		
Technicians 3	3														0		
Sales Workers 2	ı		2						12						14		
Administrative Support Workers	5		2						11						13		
Craft Workers 6	6		4												4		
Operatives 7	,														0		
Laborers and Helpers 8	3														0		
Service Workers 9															0		
TOTAL 10	0	0	16	0	0	0	0	0	24	0	0	0	0	0	40		
PREVIOUS VEAR TOTAL 14			25						26						51		

SECTION III - Part-Time Emple	oyees.															
		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male							Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	į.
		Α	В	С	D	E	F	G	Н	I	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11									1						1
SECTION IV - Report of Discri	minatio	n Compl	aints Pursua	int to 47 CFF	R 22.321, 23.5	55, 90.168, 101	.4, and 101	.311.								
This is to advise the company before ar	ny body l	having co	mpetent juris	diction in suc	h matters dur	ing the calenda	ar year cove	red by this rep	ort.							
This is to advise th (Attach a list indica																
SECTION V - Certification	oudo das	n informa	tion and hali	of all statem	anta in thia ra	nort are true o	ad aarraat									
Date					ents in this re	port are true at	Signature Telephone No.									
	Typed or Printed Name of Person Signing Jennifer Garrels						(641) 765-4201									
Title of Person Signing Accounting Manager					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											